IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information receive	(
by a department or accepted by the	Э
Governor on behalf of the state	

For office use only		
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Audited		
Checked		
Compuler		
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DEPARTMENT	OR OFFICE RECEIVING THE GIFT OR BEQUEST	Ü
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IA Department of Human Rights	
Name of Department or Office Des N	Moines, IA 50319
Mailing Address City	, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
· · · · · · · · · · · · · · · · · · ·	
Kimberly Checks	AMERICA .
	Cily, State, Zip (if different from above)
Mailing Address (if different from above) kim.chccks@iowa.gov	City, State, 210 (it different from 2004)
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	 ≈¶
IA Coalition Against Domestic Violence	
Nama	
6200 Aurora Ave, Ste 405E Urbandale IA 50322	10.640
Mailing Address City, State, Zip Code	12/6/18 \$150.00
\$15-244-8028	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	value is defined as "fair market value" of item as determined by
Lauries@icadv.org Email Address (optional)	receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
	L- Lald in TXXX 1/10/10
Donation - 2019 MLK Event - "I Have a Dream" - to l	be neld in Dawi 1/19/19
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the 6t	ate or received by the Governor on behalf of the state.
recorpt of any gift of doddedt matrix toosteds by diff department of me	····· · · · · · · · · · · · · · · · ·
Statement of Affirmation:	
Kimberly Cheeks affirm that the glft or bequest reported above	is accurate. I further effirm that the information concerning the donor and
ssessment of the fair market value (if applicable) is correct and true to the b	oest or my knowledge.
4/4 04 /	12/11/18
Kim Cheels	17,111110